

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eugenia Ewing { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>5/5/29</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Francis Ewing
9. Residence San Carlos, Ariz.
(Usual place of abode)
If non-resident, give place and state.
10. Color or race Apache
4/4 Indian
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) San Carlos, Ariz.
(State or country)
13. Occupation Common labor
Nature of Industry

14. MOTHER
Full maiden name Alice D.
15. Residence San Carlos, Ariz.
(Usual place of abode)
If non-resident, give place and state.
16. Color or race Apache
4/4 Indian
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) San Carlos, Ariz.
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>no</u>
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report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C.H. Sawyer M.D.
(Physician or midwife).

Given name added from a supplemental report _____ Address San Carlos, Ariz.

Month, day, year

Filed _____, 19 29 C.H. Sawyer Registrar

Registrar

557-505-110

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.